



CAST APPLICATION

Name: _____

DOB: ____/____/____

Availability: _____

Have you ever seen a live shadow-cast of The Rocky Horror Picture Show?

Yes/ No (circle one) ----- How many shows have you seen? _____

Do you have reliable transportation? _____

What made you want to join cast? How did you hear about us?

Which positions in cast are you most interested in?

Do you acknowledge that it is your responsibility to acquire costuming*, attend rehearsals, and promote a positive environment within cast?

Sign here: _____ Date: ____/____/____

***Cast will provide guidance in assembling a costume, but as a non-profit we cannot provide a costume for every cast member.**

Best Point of Contact: _____

Facebook Instagram Discord Email Phone Number

{Write Usernames On Back}

Emergency Contact: _____